

WBYC JR. SAILING PROGRAM REGISTRATION/MEDICAL FORM

(complete one for each child registering form program)

NAME _____

Summer Address _____

Winter Address _____

Email Address: _____

Date of Birth _____

Mother's Name _____ Tel # _____ Cell# _____

Father's Name _____ Tel # _____ Cell# _____

Emergency Contact _____ Phone # _____

Physician's Name _____ Phone# _____

Date of last Tetanus Shot _____

Health Insurance Company _____ Policy# _____

Any health problems/learning disabilities we should be aware of? _____

Is your child taking any medication? Y/N Please specify _____

Any allergies _____

2008 class or previous experience _____

Please enroll my child in the following class:

Member

Optimist _____

\$350.00 _____

Non Member

Advanced Optimist _____

\$450.00 _____

420 Racing Team \$450.00 _____ \$550.00 _____

*\$50.00 reduction each for additional siblings

Enrollment is limited. To register you must send this completed form and your payment by May 31st. Please make checks payable to WBYC. Mail with registration form to: **Karen McLeod 60 Greendale Avenue Needham, MA 02192**

I authorize the program organizers or their employees to sanction emergency treatment if none of the above people can be contacted at the time of an emergency. My child/children and I have read and agree to abide by the rules of the WBYC Junior Sailing Program.

I agree on behalf of myself and my child/children to indemnify and hold harmless the Waquoit Bay Yacht Club and any of its officers, members, agents or employees from and against any and all liability, loss cost or injury to any person, persons or property.

Parent/Guardian Signature _____

Date _____